

MARYLAND DEPARTMENT OF HOUSING AND
COMMUNITY DEVELOPMENT, CDA
HOMEOWNERSHIP FOR INDIVIDUALS WITH
DISABILITIES PROGRAM (HIDP)
SINGLE FAMILY -
7800 Harkins Road, Lanham, MD 20706
800-638-7781 OR 301-429-7400
www.dhcd.maryland.gov



**SINGLE FAMILY
HOMEOWNERSHIP PROGRAM APPLICATION**

BORROWER INFORMATION

Name: _____ DOB: _____ Age: _____
Social Security Number: _____ Home Phone: _____ E-Mail: _____
Marital Status: () Married () Separated () Unmarried
Dependents other than listed by co-borrower: No. _____ Ages: _____
Present Address: _____
City: _____ State: _____ Zip: _____ No. Years: _____ Own () Rent ()
Name and Address of Employer: _____

Years on this job: _____ yrs. () self-employed Type of Business: _____
Position Title: _____ Business Phone: _____

CO-BORROWER INFORMATION

Name: _____ DOB: _____ Age: _____
Social Security Number: _____ Home Phone: _____ E-Mail: _____
Marital Status: () Married () Separated () Unmarried
Dependents other than those listed by Borrower: No. _____ Ages: _____
Present Address: _____
City: _____ State: _____ Zip: _____ No. Years: _____ Own () Rent ()
Name and Address of Employer: _____

Years on this job: _____ yrs. () self-employed Type of Business: _____
Position Title: _____ Business Phone: _____

What Jurisdiction are you interested in purchasing? _____

GROSS MONTHLY INCOME

Item	Borrower	Co-Borrower	Total
Base Employee Income	\$	\$	\$
Overtime			
Pensions, Social Security, Annuity			
Alimony, Child Support			
Net Rental Income			
Other			
Total	\$	\$	\$

LIST ALL OTHER HOUSEHOLD OCCUPANTS

Show Income for any occupant over the age of 18

Name	Age	Monthly Income	Source of Income

MONTHLY HOUSING EXPENSE

Item	Amount
Rent	\$
Renters Insurance	\$
Utilities (If borrowers are on a fixed income)	\$
Total Monthly Payment	\$

PERSONAL DEBT HISTORY

	Borrower	Co-Borrower
Do you have any outstanding judgments?	() Yes () No	() Yes () No
Have you declared bankruptcy in the last seven years?	() Yes () No	() Yes () No
Has there been any effort to foreclose on your property?	() Yes () No	() Yes () No

If the answer to any of the above questions is “Yes”, please attach an explanation to your application so the underwriter can more fully understand your current financial situation.

ASSETS

Description	Value
Checking & Savings Account (Name of institution and account number)	\$
Real Estate owned (other than primary residence)	\$
Automobiles - Make & Year	\$
Other Asset - Describe	\$
Total Assets	\$

LIABILITIES

Creditors (Name & Address)	Monthly Payment
Installment Debts and Revolving charge accounts :	\$
	\$
	\$
Automobile Loans	\$
Real Estate Loans	\$
Other Debt	\$
Other Debt	\$
Alimony, Child Support, Etc. Paid To:	\$
Total Monthly Payment	\$

NOTICES

In accordance with Executive Order 01.01.1983.18, the Department of Housing and Community Development advises you as follows regarding the collection of personal information:

The information requested by the Department of Housing and Community Development (the "Department") is necessary in determining your eligibility for a Special Loan Programs loan. Your failure to disclose this information may result in the denial of your application for a loan. Availability of this information for public inspection is governed by the provisions of the Maryland Public Information Act, State Government Article, Sections 10-611 et. seq. of the Annotated Code of Maryland. This information will be disclosed to appropriate staff of the Department, the staff of the local administrator for the loan, and participating mortgage lender, if any, for purposes directly connected with administration of the loan and the loan program. Such information is not routinely shared with state, federal or local government agencies, but would be made available to the extent consistent with the Maryland Public Information Act. You have the right to inspect, amend or correct personal records in accordance with the Maryland Public Information Act.

Any person who knowingly makes, or causes to be made, a false statement or representation relative to this loan application shall be subject to criminal prosecution, a fine of up to \$5,000 and/or imprisonment up to two years and if a loan has been made, immediate call of the loan requiring payment in full of all amounts disbursed, pursuant to Housing and Community Development Article, Section 4-933, Annotated Code of Maryland.

I/We authorize the Program or its agent to obtain credit information for the purpose of evaluating this application, to verify any information contained in this application with employers or any financial institution or obtain any information or data relating to the Loan, for any legitimate business purpose through any source, including a source named in this application and disclose this same information to local agencies participating in the Program and/or a private lending institution agreeing to participate in the loan.

Borrower's Signature

Date

Co-Borrower's Signature

Date

STATISTICAL DATA

BORROWER: I do not wish to furnish this information _____ (Initials)

Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino

- | | |
|---|--|
| () White | () American Indian/Alaskan Native & White |
| () Black / African American | () Asian & White |
| () Asian | () Black/African American & White |
| () American Indian/Alaskan Native American | () American Indian/Alaskan Native & Black/African |
| () Native Hawaiian/Other Pacific Islander | () Other Multi Racial |
| () Male () Female | |

CO-BORROWER: I do not wish to furnish this information _____ (Initials)

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

- | | |
|---|--|
| () White | () American Indian/Alaskan Native & White |
| () Black / African American | () Asian & White |
| () Asian | () Black/African American & White |
| () American Indian/Alaskan Native American | () American Indian/Alaskan Native & Black/African |
| () Native Hawaiian/Other Pacific Islander | () Other Multi Racial |
| () Male () Female | |

MARKETING DATA

The following information is optional and will be used by the Department to evaluate the effectiveness of its marketing and outreach efforts. If you would like to provide this information, please indicate below how you became aware of this program:

- () Radio () Newspaper _____ () Word of Mouth () Internet
- () Local Government Agency () State Agency () Other _____

To be completed by the Originating Agency:

This information was provided:

- ☐ In a face-to-face interview
- ☐ In a telephone interview
- ☐ By the applicant and submitted by fax or mail
- ☐ By the applicant and submitted via e-mail or the Internet

Originator's Signature: _____ Date _____

AFFIDAVIT OF TAX FILING STATUS

I, _____, was not required to file a

Federal Income Tax Return for the following years and for the following Reasons:

TAX YEAR: _____

TAX YEAR: _____

TAX YEAR: _____

I declare that the contents of the foregoing statement are true and correct.

APPLICANT

DATE

SINGLE FAMILY APPLICATION TRANSMITTAL CHECKLIST

DOCUMENTATION TO ENCLOSE WITH APPLICATION	
<p>INCOME VERIFICATIONS:</p> <p>- COPIES OF THE TWO (2) MOST RECENT MONTHS PAY STUBS FOR EACH EMPLOYED HOUSEHOLD MEMBER OR COMPLETED VERIFICATION OF EMPLOYMENT FORM SIGNED BY EMPLOYER</p> <p>- MOST RECENT 2 YEARS OF FEDERAL TAX RETURNS AND W-2 STATEMENTS OR SIGNED AFFIDAVIT OF FILING STATUS.</p> <p>- IF YOUR INCOME IS FROM PENSION OR PUBLIC ASSISTANCE, INCLUDE A COPY OF YOUR AWARD LETTER AND CURRENT STATEMENT VERIFYING GROSS INCOME.</p>	
<p>COPY OF YOUR MOST RECENT BANK STATEMENTS (ALL PAGES)</p>	
<p>COPY OF YOUR HOMEBUYERS EDUCATION CERTIFICATE</p>	
<p>COPY OF YOUR PHOTO ID</p>	